

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

4214

Registrar's No.

218

63-00351

FILED AUG 26 1963

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Deepwater

Length of stay in 1b

1 year

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

At Home

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Henry

admission)

c. CITY
OR TOWN

Deepwater

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

Sarah

First

Alice

Middle

Bowery

Last

4. DATE
OF DEATH

Month

Day

Year

August

16,

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

4/2 1893

9. AGE (last birthday)

70

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Utica, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Henry Rookstool

13b. MOTHER'S MAIDEN NAME

Annie Stevens

14. NAME OF HUSBAND OR WIFE

Jack F. Bowery

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, No or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Jack F. Bowery, Deepwater, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Medullary leukemia

INTERVAL BETWEEN ONSET AND DEATH

minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Metastatic Central Nervous System

DUE TO (c)

from Adenocarcinoma Colon

Months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hypertensive pneumonia & uremia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

Left 48 hrs prior to Death 8/16/63

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8/19 - 1963

23c. NAME OF CEMETERY OR CREMATORY

Englewood Cemetery

23d. LOCATION (City, town, or county)

Clinton, Missouri

24. FUNERAL DIRECTOR

Melvin L. Janssens, Deepwater, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

August 19 - 1963

26. REGISTRAR'S SIGNATURE

Mildred Bigard

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Melvin L. Lawrence*

Licensed Embalmer No. 45129

P. O. Address *El Dorado, Ark.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Obtained

8/19/1963

(M.B.)